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Press Release

A report published in 2018 on maternal and perinatal health in Europe and in Belgium in 2015

The 26th of November 2018 the new and fourth Euro-Peristat is released to the public. Euro-Peristat is a European project, existing since 2000, which releases, every four to five years, the most recent common statistics available (2015), with analyses and comments, from 1 countries. General coordination is in the hands of INSERM in Paris, and Belgian coordination is performed by the School of Public Health of Université libre de Bruxelles (ULB).

Comparing Belgium to its neighbour countries and also to Europe in general leads to a vision with contrasts, with a favourable situation regarding caesarean section, maternal age, or maternal body mass index. The situation is less satisfactory regarding measurement and assessment of maternal mortality and stillbirth, topics for which other countries have already put in place adequate measures of surveillance and response. For preterm births and twin births, Belgium is in the higher range, though it is unclear whether specific action is desirable.

Following the three previous Euro-Peristat birth assessments of 2000, 2004 and 2010, the new Euro-Peristat European report presents a snapshot of maternal and perinatal health data in 2015 from 31 countries (28 EU members plus Iceland, Norway and Switzerland). Euro-Peristat is coordinated in France by Inserm and funded by InFact, a European Joint Action on Health Information.

The Euro-Peristat team of researchers from the School of Public Health of the Université libre de Bruxelles ensures the publication of the Belgian data in the report. These data for Belgium are collected and analysed, at first level by the Studiecentrum voor Perinatale Epidemiologie (SPE) for the Vlaams Gewest, and by the Centre for Perinatal Epidemiology (CEpiP) for the Wallonia Brussels Federation. The data are then transferred to the regional supervisory authorities, to which they belong.

The first Euro-Peristat with global data for Belgium

In the first report, there is only data for Flanders, in the second report, for Flanders and Brussels, in the third, for the three regions, but with separate data. And this year, it is the first time, thanks to the data fusion and validation work carried out by the Belgian Statistical Office (Statbel), that Belgium appears as a country.

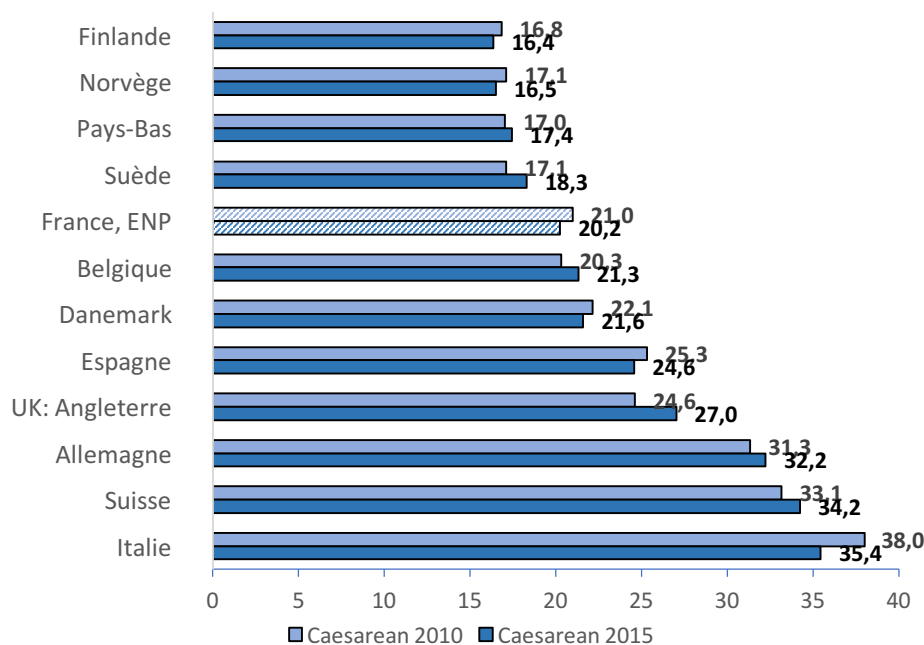
CORE and recommended indicators

The Euro-Peristat project has defined 10 CORE and 20 recommended indicators. The new report includes all CORE indicators and two of the recommended indicators: body mass index and smoking. Belgium has been able to provide all requested data except smoking

In Belgium, caesarean section rates remain contained

With 1 caesarean section for 5 births in 2015 (21.3%), Belgium is ranked 8th out of 31 countries, which ranks it in the group of countries with acceptable rates. Since 2010, however, the global rate of caesarean section has increased in 17 out of 31 countries, including Belgium (20.3 to 21.3%), whereas in two of the contained level countries (France and Norway), the rates have nevertheless decreased during the same period.

A possible explanation is that In France, the National College of Gynaecologists and Obstetricians has conducted a guideline on planned caesarean section. This also may explain why in France only 9.8% of births are planned caesareans, while in Belgium it is 11.3%.



Time trend for caesarean section rate (2010 -2015) for Belgium, neighbouring and Nordic countries

In Belgium, women who give birth are in a favourable age group and not particularly overweight

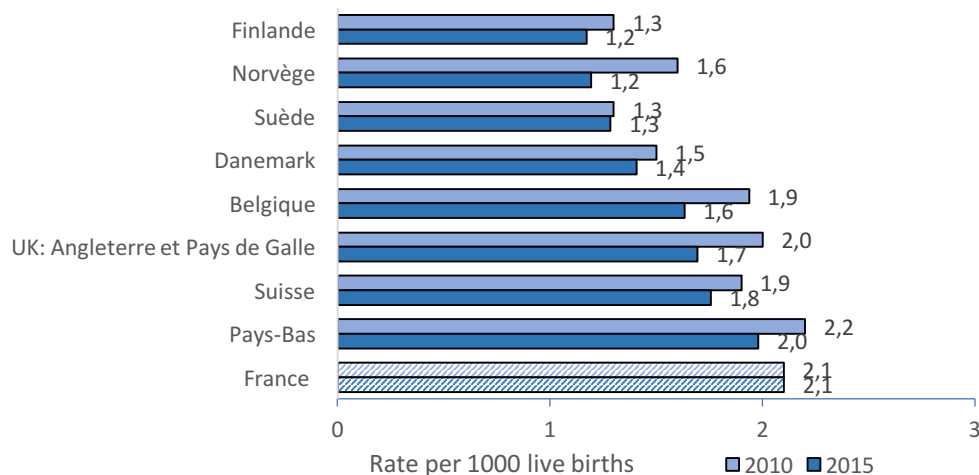
Another motive for satisfaction is that, compared to the European average, women who give birth are neither excessively young nor old. Adolescent births account for 10% of births in some countries, and even in the United Kingdom for 3.5% of births, while the rate in Belgium is 1.7%. Births of women over 35 represent more than 30% of births in some countries, while the rate in Belgium is 18%.

Belgium is one of the countries that provided data for body mass index. The rate of overweight or obese women is 35%, and significantly higher rates are found in many other countries.

In Belgium, data about maternal mortality, stillbirth and even neonatal births are difficult to interpret because of registration problems

Maternal mortality in Belgium appears to be particularly low at 4.6 per 100,000 births. This presumably reflects under registration. Currently we use routine statistics and there is no systematic procedure such as a confidential enquiry into maternal deaths in Belgium. Procedures of this type have been put in place in France, the Netherlands and the United Kingdom, and include various arrangements to ensure complete registration of all cases. As a general rule this leads to a rate increase of the order of 50 to 100%.

The situation is even more worrying regarding the registration of stillbirths but in the other direction. For stillbirths, starting at 24 weeks, Belgium has the second highest rate. This is certainly due to the fact that at present in Belgium there is no way to differentiate a spontaneous stillbirth from a medical or therapeutic termination (abortion) of pregnancy. In comparison, neonatal mortality rates appear favourable, and lower than in France and the Netherlands. Some clinicians however, report that there may also be a defective recording and that sometimes when a newborn dies quickly after births it is counted as stillborn.



In Belgium, preterm birth and twin birth are in the upper range, but no obvious reason to take action at present

The report puts forward a high twinning rate (8th out of 33 because UK here counts as three countries), which is surprising as there is a regulation imposing SINGLE EMBRYO TRANSFER, with limited exceptions, in case of assisted reproductive technology (ART). However the twinning rate is down compared to 2010, so it seems reasonable to wait to see the evolution.

For preterm birth, the rates are in the higher range, without it being clear whether this is a random fluctuation or a real trend.

Better Statistics for Better Health

Obtaining statistics, however reliable they are, is not an end in itself. One of the strengths of the Euro-Peristat PERISTAT reports is that the ultimate goal is to get all stakeholders to position themselves and act for change where it seems relevant. In the Netherlands, after

the second Euro-Peristat PERISTAT report mobilization, funding and actions were carried out leading to improved results in the following report.

Sources

Euro-Peristat project with SCPE and EUROCAT. European perinatal health report: the health and care of pregnant women and babies in Europe in 2010.

Euro-Peristat project with SCPE, EUROCAT and EURONEOSTAT. European perinatal health report: better statistics for better health for pregnant women and their babies, 2004

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